



# Fast Facts

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

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## CALIFORNIA AND THE HIV/AIDS EPIDEMIC

### Overview

To avert the serious personal and public health implications of HIV disease, the Department of Health Services (DHS), Office of AIDS positions itself at the forefront of the battle against the HIV/AIDS epidemic. The Office of AIDS' efforts target publicly-funded HIV/AIDS care and treatment programs and critical prevention strategies to interrupt HIV transmission.

### AIDS and HIV Data and Estimates

#### ***AIDS Case Data***

Although highly effective combination drug therapies have resulted in declines in AIDS-related deaths, the HIV/AIDS epidemic continues to be one of the most serious public health threats facing California. As of April 30, 2002, California's cumulative reported AIDS cases totaled 125,173 and represented 15.9% of all reported AIDS cases in the United States. Of these California cases, 75,444 AIDS-related deaths have occurred, for a case fatality of 60.7%.

Current AIDS surveillance reports show that 15.3% of the cumulative AIDS cases in California are among people 20-29 years of age, 44.7% among 30-39 year olds, and 27.2% among those 40-49 years old.

The risk groups and populations most affected by the HIV/AIDS epidemic are changing. The most recent surveillance data indicates that although men who have sex with men (MSM) continue to represent the majority of the reported AIDS cases each year, the proportions of new AIDS cases among people of color (including MSM of color), injection drug users and their sex partners, and women (especially African American and Latino women) are increasing.

The challenge of the disproportionate impact of the AIDS epidemic in California's communities of color is clearly evident. As of April 30, 2002, the cumulative number of reported AIDS cases by race/ethnicity and age show that 40.5% of the adult/adolescent cases and 72.5% of the pediatric cases occurred in people of color. A comparison of the population versus the percent of AIDS cases for African Americans, Latinos, and whites is as follows:

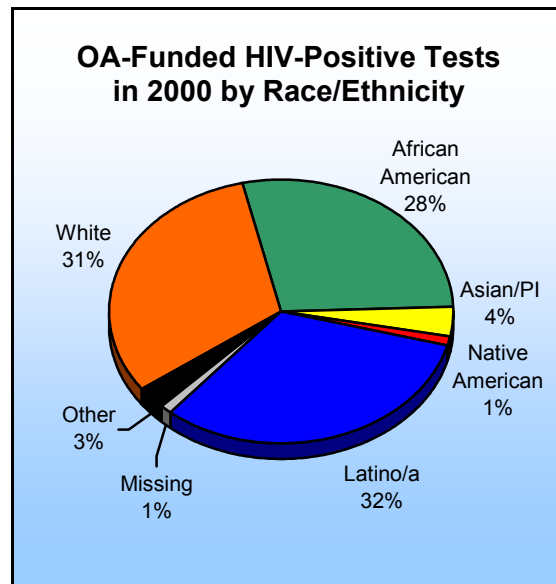
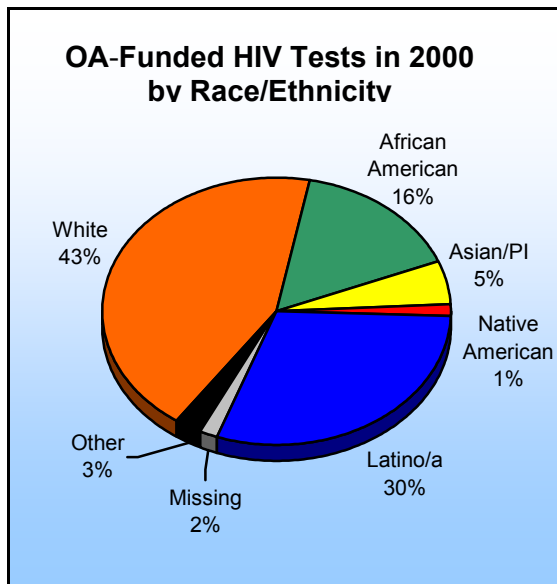
Race/Ethnicity	Percent of Population in 2002 Census*	Percent of CA Cumulative Reported AIDS Cases**	Percent of CA AIDS Cases Reported in 2001**
African American	6.5	17.4	23.4
Latino	32.4	20.5	31.9
White	46.7	59.4	39.8

\*Source: U.S. Census Bureau, Census 2000 of Population and Housing

\*\*Source: DHS, Office of AIDS, HIV/AIDS Case Registry, May 2002

### ***HIV Counseling and Testing Information System Data***

Due to the potentially long incubation period between HIV infection and AIDS diagnosis (in some cases, up to 10 years), AIDS data alone do not fully reflect the extent of the epidemic. To a limited degree, HIV seroprevalence data are currently available in California through publicly funded counseling and testing sites. The HIV Counseling and Testing Information System (HIV CTIS) provides estimates of HIV incidence, prevalence, risk behavior, and demographic data for clients who test at these sites. Data from this system show that in 2000, publicly-funded counseling and testing sites administered 181,395 HIV antibody tests for a total of 2,264 (1.2%) HIV-positive results. (Note: 2001 data not available yet) The racial/ethnic breakdown of these tests, are as follows:



Source: DHS, Office of AIDS, HIV CTIS, October 2001

### ***HIV Infection Estimates and HIV Reporting***

The Office of AIDS estimates that more than 72,000 Californians are HIV-infected, not including people living with AIDS. Regulations for a system to report HIV infection by non-name code were approved by the Office of Administrative Law and filed with the Secretary of State on May 2, 2002. The regulations will become effective July 1, 2002. The new system will allow California to better monitor the epidemic and allocate treatment, education, and prevention resources. It will also provide the federal

government with better funding guidelines by comparing California's reported HIV infections with other states.

### **Epidemiologic Research**

Epidemiologic research helps the state to monitor and project the extent of the HIV/AIDS epidemic in California. Epidemiologic data assist in effectively targeting resources and strategies for HIV/AIDS education, prevention, care, and treatment. Both the state and federal governments fund epidemiologic studies that the Office of AIDS conducts in collaboration with other state organizations, local health departments, community-based organizations, and universities.

The Office of AIDS conducts or funds epidemiologic surveys of childbearing women, children under age 13, clients of sexually transmitted disease clinics, blood and plasma donors, injection drug users, men who have sex with men, migrant and seasonal farm workers, civilian applicants for military services, and inmates entering the California correctional system. Additionally, the Office of AIDS is studying the prevalence of variant and drug resistant strains of HIV.

### **Education and Prevention**

Although new drug therapies continue to improve the quality of life for many people living with HIV/AIDS, education and prevention are still considered to be effective tools for stopping the epidemic. The primary goals of the HIV prevention programs are to prevent HIV transmission, change individual attitudes about HIV and risk behaviors, promote the development of risk reduction skills, and change community norms that may sanction unsafe sexual and drug-taking behaviors.

The Office of AIDS collaborates with numerous organizations and agencies to develop and implement focused HIV prevention programs. These programs include, but are not limited to, street outreach, school-based health education, HIV counselor and community health outreach worker training, partner counseling and referral services, the Prevention of Perinatal Transmission of HIV Project, and publicly-funded HIV counseling and testing sites.

The Office of AIDS conducts intensive research and evaluation of the prevention interventions to develop effective strategies, ensure sound program implementation, and promote ongoing improvements in program quality.

### **Care and Treatment**

The Office of AIDS seeks to ensure the provision of humane, cost-effective, and appropriate health and support service resources for persons with HIV along the entire continuum of care. To accomplish this goal, the Office of AIDS coordinates various programs that provide care and treatment services for eligible people infected with HIV and those who have developed AIDS-defining illnesses. These programs include the AIDS Drug Assistance Program (ADAP), the Early Intervention Program, the Comprehensive AIDS Resources Emergency Health Insurance Premium Payment Program, the local HIV Care Consortia Program, Housing Services, the Residential

AIDS Licensed Facilities Program, the AIDS Case Management Program, and the AIDS Medi-Cal Waiver Program.

California has the largest state fund contribution for the support of AIDS drugs and has 146 drugs on its formulary, and anticipates serving almost 25,000 eligible individuals with HIV disease in FY 2001-02.

### **Office of AIDS FY 2001-02 Budget**

The total Office of AIDS budget for FY 2001-02 is \$287.43 million, with local assistance comprising more than \$271.26 million (excluding Medi-Cal and legislative mandates). The Office of AIDS budget increase included a \$12.8 million augmentation to ADAP.

### **HIV/AIDS-Related Legislation**

In 2002, numerous bills were introduced that refer to HIV/AIDS or may affect people living with HIV/AIDS. Brief descriptions of some of these bills are as follows:

#### ***AB 1853 (Koretz) HIV Treatment***

This bill would require every health care service plan that covers hospital, medical, or surgical expenses and contracts with providers on a capitation basis to consider specified factors when developing rates for the reimbursement of providers and primary care case management programs for the treatment of enrollees infected with HIV. (Introduced version)

#### ***AB 2064 (Cedillo) HIV Tests – Counseling & Training***

This bill would require DHS to authorize the establishment of training programs for counselors for publicly funded HIV testing programs, by specified community-based, nonprofit organizations. The bill would require the participating community-based organizations to follow departmental curriculum guidelines for these training programs. (April 14, 2002 version)

#### ***AB 2197 (Koretz) Medi-Cal: Benefits***

This bill would require DHS to establish the *Medi-Cal Managed Care Benefits Pilot Program for Nondisabled Persons with HIV* to provide benefits to persons with HIV and who would otherwise qualify for benefits under the Medi-Cal program, but do not meet specified disability criteria. (April 4, 2002 version)

#### ***AB 2905 (Wright) Correctional Institutions - HIV***

This bill would require all inmates in a state prison to be offered HIV testing between 60 and 120 days prior to release, and requires HIV prevention education for all inmates. (May 1, 2002 version)

***AB 2930 (Wright) HIV: Maternal and Newborn Health.***

This bill would require a physician to test a pregnant woman before or at the time of delivery for the presence of HIV. Testing for HIV would not be required if the pregnant woman is already known to be HIV infected. Additionally, the bill would require medical care providers to ensure that the woman is informed of the purpose of testing and of the right to refuse testing. (April 29, 2002 version)

***AB 2994 (Wright) HIV Reporting Requirements***

This bill would require DHS to evaluate whether the state's "no-name" HIV reporting system meets federal standards established by the Centers for Disease Control and Prevention (CDC) and report to the Legislature by December 31, 2004. (April 17, 2002 version)

***SB 1734 (Vasconcellos) Clean Needle and Syringe Exchange Projects.***

This bill would prohibit prosecution of specified individuals for the distribution of devices or substances necessary to ensure the safety and cleanliness of needles or syringes. (Introduced version)

***SB 1785 (Vasconcellos) Hypodermic Needles and Syringes***

This bill would authorize specified personnel at licensed pharmacies to sell up to 30 hypodermic needles or syringes without a prescription to a person who is over 18 years of age; require pharmacies to store needles and syringes out of customer reach; authorize pharmacies to provide purchasers of needles or syringes specified public health information; and would prohibit discarding or disposing of a hypodermic needle or syringe on a playground, or the grounds of an elementary, vocational, junior high or high school.

**Office of AIDS Web Site**

The Office of AIDS Web site (<http://www.dhs.ca.gov/AIDS/>) is a valuable source for obtaining up-to-date HIV/AIDS information, including California AIDS case statistics; copies of *California and the HIV/AIDS Epidemic: The State of the State Report*, and *A Brief Guide to CA HIV/AIDS Laws*; HIV/AIDS research reports, and the latest information on California's HIV reporting regulations.